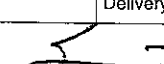


# Exhibit C

Registered No. RB858314441US

Date Stamp

To Be Completed By Post Office	Reg. Fee	\$7.50	
	Handling Charge	\$0.00	Return Receipt \$1.75
	Postage	\$14.50	Restricted Delivery \$0.00
	Received by 		
Customer Must Declare Full Value \$		\$0.00	<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance

Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).

## OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	FROM	CHIMICLES + TIKELLIS LLP
		ONE ROONEY SQUARE
		Box 1035
	TO	WILMINGTON DE 19899
		LABORATOIRES Fournier, S.A.
		ATTENTION: General Counsel
	4ER Rue de Longvie	
	21300 CHENOVE FRANCE	

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)

**Declaration of Value:** You must declare the full value of all Registered Mail™ articles at the time of mailing, whether you want to purchase insurance or not.

**With Postal Insurance:** You can purchase postal insurance against loss or damage by paying the appropriate fee.

**Without Postal Insurance:** You can also send an article by Registered Mail without purchasing postal insurance by paying the appropriate fee. No indemnity is paid for uninsured articles.

**Indemnity Coverage:**

**Domestic - Indemnity coverage for domestic Registered Mail is limited to the lesser of (1) the declared value of the articles; (2) the cost of repairs; or (3) the value of the articles at the time of mailing. For additional information about insurance limits and coverage, see Domestic Mail Manual S010 and S911 at [www.usps.com](http://www.usps.com) or ask your local postmaster.**

**International - Indemnity coverage for international Registered Mail is limited to the maximum set by the Convention of the Universal Postal Union. Ask your postmaster and see the International Mail Manual at any post office or at [www.usps.com](http://www.usps.com) for limitations of coverage and individual country prohibitions and restrictions.**

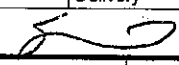
**How to File a Claim:**

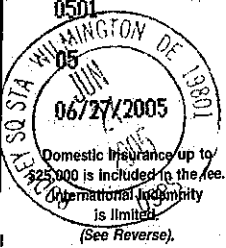
**Domestic - For complete or partial loss or damage present (1) this receipt; (2) the article, container, and packaging; and, (3) evidence to substantiate your claim. Please allow at least 30 days after filing to inquire about the status of your claim.**

**Claims for loss must be filed within 180 days of the date the article was mailed. Make claims for complete or partial loss of contents, damage, or alleged rifling immediately, but no later than 60 days from the date of mailing.**

**International - Claims for loss must be filed within six months of the date the article was mailed. Claims for damage and complete or partial loss of contents, must be filed immediately. The article, contents, and packaging must be presented to the destination post office.**

PS Form 3806, May 2004, (Customer Copy - Reverse)

To Be Completed By Post Office	Reg. Fee \$	\$7.50	Return Receipt \$ \$1.75	
	Handling Charge	\$0.00		
	Postage	\$14.50		Restricted Delivery \$ \$0.00
	Received by 			
	Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Chimides + Tikellis LLP ONE Rodney Square P.O. Box 1035 WILMINGTON DE 19801		
	TO	Fournier Industrie ET SANTE ATTENTION General Counsel 42 Rue de Longue 21392 Chenove FRANCE		

PS Form 3806,  
June 2002

Receipt for Registered Mail

Copy 1 - Customer  
(See Information on Reverse)For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**Declaration of Value:** You must declare the full value of all Registered Mail articles at the time of mailing.

**With Postal Insurance:** You can purchase postal insurance against loss or damage by paying the appropriate fee.

**Without Postal Insurance:** You can also send an article by Registered Mail without purchasing postal insurance. No indemnity is paid for uninsured articles.

**Indemnity Coverage:**

**Domestic -** Indemnity coverage for domestic Registered Mail is limited to the lesser of (1) the declared value of the article at the time of mailing if lost or totally damaged, or (2) the cost of repairs. Ask your postmaster for additional information about insurance limits and coverage. See *Domestic Mail Manual* S010 and S911 for limitations of coverage.

**International -** Indemnity coverage for international Registered Mail is limited to the maximum set by the Convention of the Universal Postal Union. Ask your postmaster and see the *International Mail Manual* for limitations of coverage and individual country prohibitions and restrictions.

**How to File a Claim:** You must file domestic claims within one year of the date the article was mailed. International indemnity claims for loss must be filed within six months of the date the article was mailed. Make claims for complete or partial loss of contents, damage, or alleged rifling immediately. For complete or partial loss or damage present (1) this receipt, (2) the article, container, and packaging; and, (3) evidence to substantiate your claim.

Please allow three months after you file to inquire about the status of your claim.


PS Form 3806, June 2002, (Customer Copy - Reverse)

Save this receipt for Registered Mail claims and inquiries

# Exhibit D

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Nature de l'envoi)	Registered Article (Envoi recommandé)	Letter (Lettre)	Printed Matter (Imprimé)	Other (Autre)	Recorded Delivery (Envoi à livraison attestée)	Express Mail International (Mall Inté national)
	Insured Parcel (Colis avec valeur déclarée)	Insured Value (Valeur déclarée)	Article Number				
	Office of Mailing (Bureau de dépôt)					Date of Posting (Date de dépôt)	
	Addressee Name or Firm (Nom ou raison sociale du destinataire)						
Completed at destination. (A compléter à destination.)	Street and No. (Rue et No.)						
	Place and Country (Localité et pays)						
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)						
	The article mentioned above was duly delivered (L'envoi mentionné ci-dessus a été dûment livré.)					Date	
Signature of Addressee (Signature du destinataire)			Office of Destination Employee Signature (Signature de l'agent du bureau de destination)				Postmark of the office of destination (Timbre du bureau de destination)

PS Form 2865, February 1997 (Reverse)

	<b>UNITED STATES POSTAL SERVICE</b>	<b>Return Receipt for International Mail</b> (Registered, Insured, Recorded Delivery, Express Mail)
Administration des Postes des Etats-Unis d'Amérique	<b>Par Avion</b>	Postmark of the office of receipt (Timbre du bureau renvoyant l'avis)
Return by the quickest route (air or surface mail), à découvert and postage free.	The sender completes and indicates the address for the return of this receipt: (A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)	
A renvoyer par la voie la plus rapide (aérienne ou de surface), à découvert et en franchise de port.	Name or Firm (Nom ou raison sociale)	
	Chimicles + Tinkells LLP	
	ONE Rodney Square, P.O. Box 1035	
	Street and Number (Rue et no.)	
	WILMINGTON DE 19899	
	City, State, and ZIP + 4 (Localité et code postal)	
UNITED STATES OF AMERICA		Etats-Unis d'Amérique


PS Form 2865, February 1997

Avis de réception

CN07 (Old C)

Completed by the office of origin. (A remplir par le bureau d'origine.)	Item Description (Description de l'envoi)	Registered Article (Article enregistré/recommandé)	Letter (Lettre)	Printed (Imprimé)	Other (Autre)	Recorded Delivery (Envoi à livraison attestée)	Express (Express)	
	Insured Parcel <input type="checkbox"/> (Colis avec valeur déclarée)	Insured Value (Valeur déclarée)			Article Number RB 858 314 441 US			
	Office of Mailing (Bureau de dépôt)					Date of Posting (Date de dépôt) 6/27/05		
	Addressee Name or Firm (Nom ou raison sociale du destinataire) Laboratoires Fournier, S.A.							
Completed at destination. (A compléter à destination.)	Street and No. (Rue et No.) 42 Rue de Longue							
	Place and Country (Localité et pays) 21300 CHENOVE FRANCE							
	This receipt must be signed by: (1) the addressee, or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination; et renvoyé par le premier courrier directement à l'expéditeur.)							
	<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)					Date 6/27/05		
	Signature of Addressee (Signature du destinataire) <i>[Signature]</i>			Office of Destination Employee Signature (Signature de l'agent du bureau de destination) <i>[Signature]</i>				

PS Form 2865, February 1997 (Reverse)

	<b>UNITED STATES POSTAL SERVICE</b>	<b>Return Receipt for International Mail</b> (Registered, Insured, Recorded Delivery, Express Mail)
Administration des Postes des Etats-Unis d'Amérique	<b>Par Avion</b>	Postmark of the office returning the receipt (Timbre du bureau renvoyant l'avis) CHENOVE 21-07-05
Return by the quickest route (air or surface mail), at decouvert and postage free	The sender completes and indicates the address for the return of this receipt. (A remplir par l'expéditeur, qui indiquera son adresse pour le renvoi du présent avis.)	
A renvoyer par la voie la plus rapide (aérienne ou de surface), à découvert et en franchise de port.	Name or Firm (Nom ou raison sociale) CHIMICKES + TIKELLS LLP	
	Street and Number (Rue et no.) ONE BOONEY SQUARE, P.O. Box 1025	
	City, State, and ZIP + 4 (Localité et code postal) WILMINGTON DE 19899	
UNITED STATES OF AMERICA		Etats-Unis d'Amérique

PS Form 2865, February 1997      **Avis de réception**      **CN07 (Old C5)**